

MISSISSIPPI
DEPARTMENT OF EMPLOYMENT SECURITY
INITIAL CLAIM FOR BENEFITS

UI-501
(R-8/2004)

(PLEASE PRINT)

1. SOCIAL SECURITY NUMBER: 		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th align="center" colspan="4">FOR CLAIMS OFFICE USE ONLY</th> </tr> <tr> <td style="width:50%;">LOGGED:</td> <td colspan="3">NOT LOGGED:</td> </tr> <tr> <td>DISPOSITION</td> <td colspan="3">REPORTING</td> </tr> <tr> <td>DATE:</td> <td colspan="3">POINT NO.:</td> </tr> <tr> <td>DATE FILED:</td> <td>UI</td> <td>UCFE</td> <td>UCX</td> </tr> <tr> <td>EFFECTIVE DATE:</td> <td>NEW <input type="checkbox"/></td> <td>ADDL. <input type="checkbox"/></td> <td>REOPEN <input type="checkbox"/></td> </tr> </table>		FOR CLAIMS OFFICE USE ONLY				LOGGED:	NOT LOGGED:			DISPOSITION	REPORTING			DATE:	POINT NO.:			DATE FILED:	UI	UCFE	UCX	EFFECTIVE DATE:	NEW <input type="checkbox"/>	ADDL. <input type="checkbox"/>	REOPEN <input type="checkbox"/>
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2. FIRST NAME MI LAST NAME		REMARKS: (For Claims Office Use Only)																									
3. MAILING ADDRESS																											
4. CITY 5. STATE 6. ZIP CODE																											
7. DO YOU HAVE A DISABILITY? YES <input type="checkbox"/> NO <input type="checkbox"/>																											
8. BIRTHDATE	9. RACE			10. SEX																							
11. PHONE		12. COUNTY OF RESIDENCE																									

EMPLOYMENT INFORMATION: (Work History) Enter information for ALL work performed during the past 18 months. START WITH YOUR LAST JOB AND WORK BACK. Include all **temporary or part-time** jobs, all **jobs outside Mississippi** and any **Federal or military** service.

1.	Most Recent Employer		Phone		DATES WORKED					
	Mailing Address		Job Location (City, State, Zip)		FROM			TO		
	(City, State, Zip)		Type of Work You Did	Rate of Pay	MO	DA	YR	MO	DA	YR
	Reason for Separation: <input type="checkbox"/> Lack of Work/Laid off <input type="checkbox"/> Voluntary Quit <input type="checkbox"/> Leave of Absence <input type="checkbox"/> Discharged/Fired <input type="checkbox"/> Labor Dispute/Strike <input type="checkbox"/> Working Part-time <input type="checkbox"/> Other									
2.	Next to Last Employer		Phone		DATES WORKED					
	Mailing Address		Job Location (City, State, Zip)		FROM			TO		
	(City, State, Zip)		Type of Work You Did	Rate of Pay	MO	DA	YR	MO	DA	YR
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1. ARE YOU A CITIZEN OF THE UNITED STATES?-----	<input type="checkbox"/> YES	<input type="checkbox"/> NO
2. HAS YOUR LAST NAME CHANGED IN THE LAST 2 YEARS? -----	<input type="checkbox"/> YES	<input type="checkbox"/> NO
3. WERE YOU TOLD YOU WOULD BE RECALLED BY YOUR EMPLOYER? IF YES, WHEN? _____ <div align="right">Month/Day/Year</div>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
4. ARE YOU PRESENTLY ATTENDING OR PLANNING TO ATTEND SCHOOL OR TRAINING? -----	<input type="checkbox"/> YES	<input type="checkbox"/> NO
5. ARE YOU PREGNANT? IF YES, WHAT IS THE EXPECTED DELIVERY DATE? _____ <div align="right">Month/Day/Year</div>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
6. ARE YOU ENGAGED IN ANY KIND OF SELF-EMPLOYMENT? -----	<input type="checkbox"/> YES	<input type="checkbox"/> NO
7. ARE YOU RECEIVING OR HAVE YOU APPLIED FOR A RETIREMENT OR PENSION PAYMENT OF ANY KIND? -----	<input type="checkbox"/> YES	<input type="checkbox"/> NO
8. IS THERE ANY REASON YOU CANNOT ACCEPT FULL-TIME WORK? -----	<input type="checkbox"/> YES	<input type="checkbox"/> NO
9. DO YOU WISH TO HAVE 10% OF YOUR BENEFIT PAYMENT WITHHELD FOR FEDERAL INCOME TAX? -----	<input type="checkbox"/> YES	<input type="checkbox"/> NO
10. HAVE YOU BEEN OFFERED ANY WORK SINCE LAST DAY WORKED? -----	<input type="checkbox"/> YES	<input type="checkbox"/> NO
11. WOULD YOU LIKE TO FILE YOUR WEEKLY CLAIM CERTIFICATIONS BY TELEPHONE? -----	<input type="checkbox"/> YES	<input type="checkbox"/> NO

IF "YES", PLEASE PROVIDE A PASSWORD. (FOUR TO SIX ALPHA CHARACTERS (LETTERS)) _____

CERTIFICATION: I hereby register for work and file a claim for benefits under the provisions of the Mississippi Department of Employment Security Law. I am not seeking or receiving benefits under the Unemployment Insurance Law of any other State or the United States. To the best of my knowledge and belief, all statements made are true. **I understand the Law provides penalties for making false statements or concealing material facts to obtain or increase benefits. I understand that a copy of my statement as to cause of separation will be mailed to my last employer.**

I acknowledge receipt of **Form UI-516**, Unemployment Insurance Policy.

Claimant's Signature

Signature of Claimstaker

Mississippi Department of Employment Security is an equal opportunity employer.
Auxiliary aids and services are available upon request to individuals with disabilities.